

**CITY OF ROSSFORD, OHIO**  
**SITE PLAN REVIEW APPLICATION**

Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Check No. \_\_\_\_\_ Bank \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \$550.00 Zoning District: \_\_\_\_\_ Traffic Impact Study Required: Y N

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person [if different than above]: \_\_\_\_\_

Address/Street/City/Zip: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The Planning Commission meets the second Wednesday of the month at 7:00pm in the Municipal Building 133 Osborn Street in Rossford.